is well known by which this work, in all its branches, can be successfully performed on man, as well as brutes.

Besides, since it is now common knowledge that the French are attempting to take the disputed glory of this discovery from the English, and the English from everyone else, let us as scholars fittingly call to mind what M. Cicero once said to the men of his time, and which is just as true today: "Each man, in his turn, contrives snares for himself."

But let the Italians contend with the French about their priority, and the English with the Germans; perhaps they all are right, since their ideas about the subject coincide. It is just the same as when, long ago, Anacharsus Scytha and Hyperbus Corinthus invented the potter's wheel at the same time in widely separated places. This conformity the Greeks oddly call *concurrence,* or coincidence; one brings lime and sand, another water and building material, when a king's palace is to be constructed; this work, too, will progress in the same way.

However, ambition does not trouble me greatly, so that I would grudge that bit of fame to others; I am very far from ascribing praise to myself with my own words. For it is found in the Sacred Writings, "Let another man praise thee and not thine own mouth; a stranger, and not thine own lips." Proverbs, xxvii, 2.

Nevertheless, since this question has been aired seriously here and there, it does not seem to me that I am mistaken, or that I am unjust to anyone, if I believe that I first made in suitable quantity and adequate variety the experiments in simple infusion on which this whole discovery depends; and that I then first combined these experiments properly (and certainly this is the hinge on which the whole affair turns).

Surely speculations alone are not sufficient in this case, or conversations held with friends, and similar dissertations, of which type was that of Dom. Robert des Gabets of the Benedictine Order, cited in the *French Journal.* There is need instead of experiments made by hand, and of published writings.

Anything that was attempted long ago at London or in France seems to have been done purely for individual research; before the sixty-fifth year of this century, when our *Clyster* first appeared, no book by the French or English, much less the Italians (as I absolutely know), had been published about this discovery.

But come, let us leave this contention, for you will say, by no means undeservedly, that we have been arguing about an impoverished kingdom. Let us, rather, exhort all doctors and surgeons, now that the ice is broken, not to continue in their idleness and carelessness; but rather to become interested in the safe remedies which can be applied in this new way, to be eager to get proofs of this discovery whenever the occasion presents itself, and to continue to strengthen this growing art for the greatest glory of the most gracious God, and for the health of the sick.

FINIS

CLINICAL NOTES AND CASE REPORTS

RUPTURE OF UTERUS *

By LEON J. TIBER, M. D.
Los Angeles

BETWEEN February 1 and April 1, 1932, two patients with ruptured uterus were admitted to the Obstetrical Service of the Los Angeles General Hospital. These cases were similar in that they both occurred during pregnancy and each rupture occurred at the site of a previous classic cesarean section scar. The uterus was removed in each case and the patients recovered.

REPORT OF CASES

CASE 1.—On February 12, 1932, W. T., white, age twenty-five, seven months pregnant. Her first pregnancy terminated by classic cesarean section two years before. With the first pregnancy, patient had ruptured the bag of waters spontaneously and was in dry labor thirty-six to forty-eight hours. Cesarean section had been performed on account of (1) cephalopelvic disproportion, (2) mouth of uterus calloused (?). Patient discharged home thirteen days after operation, with "bleeding navel," which had healed one week later. Ventral hernia followed operation.

Patient had abortion in January, 1931. Last normal menstruation July 16, 1931. Six weeks later patient noticed a pulling pain about navel and pain in lower left side of abdomen. At clinic was assured she was normally pregnant.

On January 25, 1932, patient had a sharp pain in abdomen after which a slight and painless bleeding began. Admitted to St. Vincent's Hospital, where she remained under observation for one week, during which time bleeding ceased.

On February 11, while at stool, patient again had sharp pain in abdomen, became faint, then began to bleed from the vagina. Was seen by City Maternity doctor, but no examination was made until patient was admitted to this hospital.

During early evening patient began to bleed profusely, bright red blood, saturating seven pads. Then bleeding discontinued throughout night. During day of February 12, patient used seven pads, saturating three. Passed small clots throughout day, while character of the bleeding changed from serosanguinous discharge to brownish discharge.

Examination showed uterus two fingers above umbilicus. F. H. T. not made out. Souffle present in left abdomen, quite loud. No vaginal bleeding at time of examination. Temperature, 99.4; pulse, 108; respiration, 20; blood pressure, 120/75.

Patient was operated on that day at 11:30 p. m. The uterus was found to be ruptured in two places along the site of the old scar, each opening about three centimeters in diameter. One tear was in fundus, the other about three and one-half centimeters lower, with intervening scar still intact. An anteriorly implanted placenta protruded from the ruptured areas. There was no active bleeding nor was there free blood in the abdominal cavity. The uterus was opened and hand thrust through placenta; fetus delivered alive at 12:10 a. m. Supravaginal hysterectomy and hernia repair performed, the patient leaving the operating room in fair condition. Patient made an uneventful recovery. Baby died. Patient sent to her home on March 5.

* * *

CASE 2.—On March 9, 1932, V. D., white, age eighteen, at term of her second pregnancy. The first

* From the Obstetrical Service of Doctor Lazard at the Los Angeles County General Hospital, Unit No. 1. Reported with his permission.

pregnancy terminated by classic cesarean section one year before, after which she made an uneventful recovery.

Patient suffered no unusual symptoms during this, her second pregnancy, until March 8, on which day she was admitted to a small maternity hospital. On this date labor pains began at 8 a. m. and continued at ten-minute intervals throughout the day. At 6 p. m. patient had a sudden sharp, stabbing pain in the abdomen, after which labor pains ceased. At 9 p. m. patient started to faint and continued to faint, until given a hypodermic, after which she slept till 6 a. m. On awaking, patient discovered she had been bleeding vaginally during the night and had severe abdominal pains and cramps. Pain was markedly aggravated by any motion. Patient was then seen by a physician and was immediately transferred to this hospital and operation done at 12 noon.

Patient was admitted in a state of shock and showed marked pallor. Temperature, 101; pulse, 128 and thready; respiration, 32; rapid, shallow, and labored increased breath sounds throughout chest anteriorly; heart rapid and weak; blood pressure, 96/60; hemoglobin, 60 per cent; red blood cells, 2,600,000; white blood cells, 18,800; polymorphonuclears, 90 per cent; lymphocytes, 10 per cent; urine negative; no active bleeding vaginally. The abdomen distended, tense, very rigid; peritoneal reflexes positive; fetal parts not palpable nor could any F. H. T. be heard.

Immediately upon opening the peritoneum there was a sudden gush of blood and the placenta exuded intact. The fetus, surrounded by its unruptured bag of waters, was found to be lying free in the abdominal cavity. It was removed by breech extraction. Baby was stillborn.

The uterus was found to be completely ruptured on the anterior surface over the entire length of the old scar. It was contracted firmly down in the pelvis and was not bleeding. The uterus was removed supravaginally. The abdomen contained at least one quart of blood and blood-clots, which were removed before the abdomen was closed.

During the operation patient was given stimulants as well as intravenous medication. These were followed by a transfusion. Patient left operating room in critical condition, but much better than on admission.

Patient made an uneventful recovery and was discharged from the hospital on March 27.

COMMENT

1. The scar of the classic cesarean section may rupture during labor or at any time during the last three months of pregnancy.

2. In one of these patients the location of the placenta over the scar seemed to have acted as a plug and prevented hemorrhage.

3. The first symptom noted in these patients was severe, sharp abdominal pain.

4. In one case the rupture of the scar allowed the uterus to completely empty itself, thus effecting good contraction and retraction which prevented hemorrhage.

5. A common sign of rupture of the uterus during or preceding labor is external bleeding.

6. Scar tissue from the former cesarean was present in abundance in each of these patients and the line of rupture was in the scar tissue.

7. In view of the fact that there is danger of a second rupture in subsequent pregnancy, and because of the time required to freshen scar edges, it is, by some, considered good practice to remove the uterus in these cases.

FURTHER OBSERVATIONS ON VACCINE THERAPY IN RESPIRATORY CONDITIONS*

By FRANCIS WILLIAMS, M. D.
San Francisco

THE following remarks are based chiefly upon the use of mixed respiratory vaccines in the treatment of common colds. My apology for presenting the topic is that since I presented a previous paper on the subject about fifteen years ago, few, if any, papers upon the subject have come before the society.

Mixed respiratory stock vaccines have been used for colds in the head, throat, and lungs; pertussis; epidemic influenza; asthma, chiefly in children and young adults; and pneumonia. We have had most experience with colds. The initial dose of mixed vaccines (respiratory type) used varied from .2 to .3 for children under ten years, up to .5 to .6 for young people and adults. The treatment is repeated at two to four-day intervals with an increase of 25 per cent in the dosage, and continued until a course of three to six injections have been given.

Just a word as to site for the injection: The gluteal area, just high enough to avoid pressure when sitting and usually on the left, as most persons sleep on the right. The anterior axillary fold is another good site, just above the breast, especially for women and fleshy men. A mild local reaction is usual, but at times associated muscles react and become lame or sore. Occasionally there occurs a constitutional reaction with fever and grippe symptoms. At times it is difficult to separate a vaccine reaction from the precipitation of an attack possibly pending, or actually induced during the negative phase of a vaccine reaction. The reactions or attacks are usually brief, from a few hours to a day or two, and recovery with improvement is the rule. The majority of patients are scarcely conscious of the reaction stage, but note improvement in twelve to twenty-four hours.

Many persons are conscious of such distinct help from the vaccine therapy that they form the habit of presenting themselves in the early stages of a cold for a vaccine, or serum as they frequently designate it. The permanency of such immunity as the vaccine confers varies, apparently from only a few weeks to over a year. It would be readily agreed that natural immunity varies to the same degree. It is difficult to state an average duration, but three to six months would probably be a fair estimate of the time during which immunity continues in greater or less degree. I have never seen a case made worse or whose immunity was reduced by respiratory vaccines, but have seen a few that gave such severe local reaction that it seemed inadvisable to use it further. One patient developed a small local abscess in the first injection site, and a smaller one at the second injection.

There is more prompt relief in colds of the head and upper respiratory tract than in bronchial con-

* Read before the San Francisco County Medical Society, October 4, 1932.